PHILADELPHIA NEUROLOGICAL SOCIETY.

March 25, 1901.

The President, Dr. James Tyson, in the chair.

Dr. F. X. Dercum presented a case of epiphysitis.

Dr. A. R. Moulton reported the case of an insane man who had died from the fracture of an exceedingly thin skull.

Dr. A. Gordon read a paper on the rôle of infection and intoxication in diseases of the spinal cord.

Dr. William G. Spiller said that neuro-pathologists acknowledged that many diseases of the nervous system were of infectious origin. He doubted, however, whether amyotrophic lateral sclerosis or Friedreich's ataxia were due to infection. In examining some specimens of disseminated sclerosis he had found evidences of inflammation in distinct round-cell infiltration within the sclerotic areas. He doubted whether the changes found in the spinal cord in intense anemia were of inflammatory nature. He had examined the specimens from at least four cases of this disease, and he regarded the alteration of the central nervous system as possibly the result of auto-intoxication. Investigators have shown that micro-organisms even when injected into the spinal canal may entirely disappear from the cord within a few days. The absence of bacteria at necropsy is no proof that bacteria have not been present within the nervous tissues during the life of the individual.

Dr. F. X. Dercum remarked that neurologists were all impressed with the general truth of this position of Dr. Gordon. Dr. Gordon did not imply that there were no diseases of the nervous system that were not due to infection. It is certain that diseases called degenerative may be due to the direct action of a toxine on the neurones. Dr. Dercum thought that all could recall cases of diseases of the nervous system in which the symptoms followed an infection. He referred to three children in one family, who had become high-grade imbeciles after measles, the attacks not being associated with symptoms of meningitis. The fourth child which escaped the measles also escaped the mental deterioration. The inference was therefore logical that the condition in the three other children was due to measles. He had also shown to the Society many years ago a man with extensive muscular atrophy following gonorrhea.

Dr. F. S. Pearce spoke of the importance of the rôle which poisons, mineral or bacterial, hence also auto-intoxicants, play in diseases of the nervous system—not alone of the spinal cord. He had already, in a paper read before the College of Physicians, expressed his views as to the effect of toxines on the nervous system in general, and particularly in inducing certain neurasthenias; and in cases in which the toxemia is recovered from the neurasthenia gradually passes away. It is also well known that the exacerbations of epilepsy in many cases are connected with intestinal intoxication. He had seen great improvement in some cases in which the intestinal tract was particularly treated by antisepsis. In many so-called functional diseases the circulation of toxines is undoubtedly the cause of the symptoms. When the toxemia disappears, the nervous system if not too profoundly affected, will recover its proper function, but when the alteration is profound, there may be areas of softening and degeneration.

Dr. C. S. Potts presented a case of disseminated sclerosis in which hemiplegia had been of the ascending type.

Dr. William G. Spiller said that this case resembled the one reported by Dr. C. K. Mills and the one that he himself had reported, but in some of its features it was different. The age of the patient was different. In Dr. Mills' case the patient was a man 45 to 50 years of age. In his own case, the patient was 39 or 40 years old, the disease having begun three or four years previously. In reporting his case he had said that while he did not exclude disseminated sclerosis, yet in four years there should have been some more definite symptoms of the disease, such as diplopia, nystagmus, scanning speech or intention tremor. The symptoms which Dr. Potts had mentioned, made Dr. Potts' case probably one of disseminated sclerosis.

Dr. F.X. Dercum regarded the case as one of extreme interest. The diplopia and nystagmus left no doubt as to its character. He had never seen anything like it before.

Dr. W. Pickett read a paper on von Bechterew's scapulohumeral reflex.

Dr. Alfred Gordon said that Dr. Pickett had mentioned that in the majority of cases by striking the inner border of the scapula, abduction with flexion is produced. In the speaker's experience, when the inferior angle of the scapula is struck there is produced almost constantly abduction with flexion. When about the middle of the inner border is struck, abduction with rotation externally occurs.

With regard to the value of this symptom, he was in accord with Dr. Pickett. He referred to three cases in which he had found diminution of the reflex on one side as compared with that on the other. The first case was one of acute ascending paralysis with no atrophy. The second case was one of sciatica, the patient was normal as far as the upper extremities were concerned. The third case was one of tuberculosis with involvement of the apex of one lung. There was diminution of the reflex on the affected side. As far as he had been able to make out there was no atrophy.

He had not found the reflex a very constant one, and thought that not much reliance could be placed upon it, although in some cases of disease in the cervical portion of the cord it may be of value.

Dr. William G. Spiller said that this reflex had not been thoroughly studied in normal individuals. If it is always present in normal individuals, its absence in disease of the spinal cord may be of value in determining focal lesions in the upper portion of the cervical swelling. Dr. Pickett had said that he had found the reflex absent in a large number of cases of hemiplegia. Dr. Spiller asked whether the other reflexes especially those in the upper limb on the hemiplegic side were much exaggerated? If they were, he should have expected that the von Bechterew reflex would also have been exaggerated.

He referred to a case of phthisis reported to the Society by Dr. Van Epps in which the Babinski reflex was present. The spinal cord and brain had been given to him for examination by Dr. C. K. Mills, and Dr. Spiller had not found any alteration of the pyramidal tract.

He had recently seen two cases in which the knee-jerk was exaggerated, one of disseminated sclerosis and the other one of brain tumor or internal hydrocephalus, in which the Babinski reflex was not present. In both cases lesion of the pyramidal tract was indicated.

Dr. F. X. Dercum said that there might be modification of the von Bechterew reflex in functional states. No one would intimate that there was necessarily an organic lesion where there was a change in the knee-jerk. He believed that the future would show that the von Bechterew reflex had a certain amount of value. When there is degeneration high up in the cervical cord the reflex will be found to be exaggerated. Whether it be present or absent may depend upon the extent and position of the lesion.

Dr. William Pickett said in reply to Dr. Spiller's question, that the hemiplegics in whom the von Bechterew reflex was absent, as a rule did not show great exaggeration of the other reflexes. He attributed its absence in these cases to the extreme rigidity and muscular atrophy. In the early stages in doubtful cases the von Bechterew symptom might be of value.

D. Moses Behrend read a paper on the biceps tendon jerk in tabes.

Dr. D. J. McCarthy said that when he had read Frenkel's paper, he had not been able to see why the biceps reflex should not be present. Cases of tabes are usually of the dorso-lumbar type.

With regard to the von Bechterew reflex, he did not see any reason for treating it as a separate reflex. It is really composed of two or three minor reflexes, and there are other symptoms whereby disease in the upper part of the cord can be localised.